

TRADE LICENSE REQUIREMENTS

- \$130.00 annual fee for each trade license.
- Master Certificate of Competency card issued by the City of Saint Paul for the same year as the license.
- **EXCEPTION: RECIPROCAL Warm Air and/or Ventilation License** require proof of a Master's card issued by the City of Minneapolis and valid for the current renewal year.
- 25,000 State Mechanical Bond – Any questions call Minnesota Department of Labor and Industry, 651-284-5068.
- **Insurance Requirements:**
 - Worker's Compensation Insurance information is now REQUIRED. (See Below)
 - Current Certificate of Insurance for Bodily Injury and Property Damage combined of \$500,000.00.
 - Saint Paul City Ordinance 8.02 requires 30 days written notice of cancellation on all insurance.
 - Minnesota Business Tax ID number must be on file with our department. (Call 651-296-6181 for Tax ID #)
- **PLUMBERS LICENSE ONLY:** BOTH \$25,000 Plumbing Bond and \$25,000 Mechanical bond is required. Call Minnesota Department of Labor and Industry for bonds: Plumbing Bond, 651-284-5888; Mechanical Bond, 651-284-5068. If your insurance is included on Bond, no separate certificate of insurance is required.
- **Wrecking License Requirements:**
 - \$55.00 Annual Fee
 - \$10,000 Surety bond obtained from a licensed Minnesota agency.
 - Minnesota Business Tax Identification Number
 - Worker's Compensation
- **Sign Hangers License Requirements:**
 - \$130.00 Annual Fee.
 - \$8,000.00 bond from a licensed Minnesota agency or with the Minnesota Dept. of Commerce, 651-296-2488.
 - Minnesota Business Tax Identification Number
 - Worker's Compensation
- **Elevator Operator License Requirements:**
 - \$2.00 Original License Fee. \$1.00 Renewal Fee.

If you have any questions please contact our office at 651-266-9090

Certification of Compliance with the Minnesota Worker's Compensation Law

According to Minnesota Statutes 176.182, Licensing agencies are prohibited from issuing licenses without verification of workers' compensation coverage. A LICENSE APPLICATION CANNOT BE PROCESSED UNLESS THIS FORM IS COMPLETED, SIGNED, AND RETURNED (please print). Any questions on filling out this form should be directed to the State of Minnesota "Special Compensation Fund" 651-296-2117.

Name _____ Doing Business As _____
Last First Middle Full Business name, if different than your name

Federal Employer ID No. _____ State ID No. _____

Address _____
Street Address or Route Number City or Town Name State/Zip Code

Business Telephone _____ Home Telephone _____

Type of Business _____
Description (for example: building construction; or logging; or manufacturing)

Workers' Compensation
Insurance Company Name _____ Policy No. _____
Full name of Insurance Company (NOT Insurance Agent)

Dates of Coverage _____ through _____
Starting Date Ending Date

I certify that I am not required to carry workers' compensation insurance because: (Check One)

- ☐ I am a sole proprietor and I have no employees.
- ☐ I have no employees who are covered by worker's compensation law. (Only employees who are specifically exempted by statute are not covered by the workers' compensation law. These include: Spouse; Parents; Children, regardless of age; and the farm labor employees of a family farm that spent less than \$8,000 for farm labor in the previous calendar year. All other workers whose work activity is controllable by the employer must be covered.)

I understand that the information provided above will be verified by the Minnesota Department of Labor and Industry. I understand that I am subject to a \$1,000 penalty, if the information is false. I certify that the information provided above is accurate and complete.

Signed by _____ Date _____

(No local licensing agency, general contractor, timber buyer or other person/organization acting as an intermediary to deliver this form to the Department of Labor and Industry shall be responsible for the information provided by the person signing the form.)

THIS WORKERS' COMPENSATION FORM MUST BE COMPLETED AND RETURNED BEFORE WE CAN ISSUE THE LICENSE.